

State of New Jersey

Middlesex County Surrogate's Court

In the Matter of the Estate of
_____, Deceased
aka:

CONSENT FOR
RELEASE OF MEDICAL RECORDS

TO THE SURROGATE OF THE COUNTY OF MIDDLESEX

STATE OF NEW JERSEY

BE IT KNOWN, that the undersigned, next of kin of _____, late of _____, in said County of _____, do hereby consent to have _____, receive the medical records of the above named decedent for the use and benefit of all the next of kin.

DATED:

Signed in the presence of:

NOTARY PUBLIC